

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033000

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 227 Primary Registration District No. 5-805 Registrar's No. 41

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson Township.		c. CITY OR TOWN RFD Perry, Mo.	
Length of stay in 1b 40 Yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD Perry, Mo.		d. STREET ADDRESS Jefferson Township.	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) SAMUEL CREIGHTON RILEY.			4. DATE OF DEATH Aug 16, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-23-1900	9. AGE (last birthday) 63 Yrs	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Perry, Missouri.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Samuel M. Riley.		13b. MOTHER'S MAIDEN NAME Myrtle Crimm	
14. NAME OF HUSBAND OR WIFE Maude Dee Riley.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs Maude Dee Riley, Perry, Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Rectum		INTERVAL BETWEEN ONSET AND DEATH 18 months	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Paris, Missouri.		COUNTY Monroe STATE Mo	

21. I attended the deceased from Feb., 1962 to August 16, 1963 and last saw him alive on 8-16-63		22a. SIGNATURE F.A. Barnett; M.D. M.D.		22b. ADDRESS Paris, Missouri.		22c. DATE SIGNED 8-19-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-19-1963		23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery		23d. LOCATION (City, town, or county) (State) Perry, Missouri.	
24. FUNERAL DIRECTOR Clyde Hickey		ADDRESS Perry, Mo.		25. DATE RECD. BY LOCAL REG. 8-20-63		26. REGISTRAR'S SIGNATURE F.A. Barnett M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

1 0690

2 0690

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12 90-0

13 2-0

AUG 28 1963

AUG 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clyde E. Weising

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.